MANIPUR PUBLIC SERVICE COMMISSION North AOC, DM Road, Imphal-795001

NOTIFICATION

Imphal, the 5th April, 2023

No. 7/10/2022-MPSC (DR): In continuation of this Commission's notification dated 14th February, 2023, it is hereby informed to all concerned that a compensatory time of twenty minutes per hour shall be permitted for the Blind candidates and other physically handicapped candidates who have submitted Disability Certificate and Annexure-I (Certificates regarding physical limitation in an examinee to write).

- 2. Further, in compliance of Guidelines for conducting written examination for Persons with Benchmark Disability issued by Ministry of Social Justice & Empowerment, Government of India, <u>candidates who have opted Scribe in their online application will be given an opportunity to submit the following documents to the email mpscdrsection@gmail.com on or before 11:59 P.M of 20th April, 2023:</u>
 - a) Photo of scribe.
 - b) Signature of Scribe.
 - c) Certificate of Highest qualification of Scribe.
 - d) Disability certificate in the prescribed proforma from a Medical Board constituted by the State Governments
 - e) Annexure-I (Certificates regarding physical limitation in an examinee to write)

f) Annexure-II (Letter of Undertaking for using own scribe

(**Kh. Lalmani Singh**)
Controller of Examination,
Manipur Public Service Commission

Copy to:

- 1. Staff Officers to Chief Secretary, Government of Manipur.
- 2. PS/PA. to Hon'ble Chairman/ Member, MPSC.
- 3. PA to Secretary, MPSC.
- 4. Additional Secretary MPSC.
- 5. Director DIPR, Imphal, with a request for publication in local dailies as news item.
- 6. Deputy Secretary, Under Secretary, MPSC.
- 7. Director, Doordarshan Kendra, Imphal. He/she is requested to display in the screen of the TV for benefit to general public.
- 8. News Editor (Appt. & Employment), AIR, Imphal. He/she is requested to announce it over Radio in all dialects as News Item.
- 9. Official Website of MPSC(www.mpscmanipur.gov.in)
- 10. Notice board, MPSC.
- 11. Guard File, MPSC, Imphal.

Annexure-I

Certificate regarding physical limitation in an examinee to write

	This			certify		-		ex name			Mr./		Mrs with
disability), a person with (nature and percentage													
of	disability	as	m	entioned	in	the	certifi	cate	of	disal	oility),	S/o,	D/o
								-	a		reside	ent	of
_						(Village	, Dist	trict,	State	e) and	to state	e that
	she has p	-	ıl liı	mitation v	vhich	ham	pers his	s/her	writir	ng ca	pabiliti	es owi	ng to
												Sigr	nature
	Chief Medical Officer/ Civil Surgeon/ Medical Superintendent												
	of a Government health care institution												tution
						Na	ame & I	Desig	natio	n:			
Na	ame of Go	vernm	ent	Hospital/	Healt	th Cai	re Centi	re witl	h Sea	1:			
Plac	e:												
Date	: :												
Note	e: Certific	ate sh	ould	l be given	by a	spec	ialist of	the r	eleva	nt str	eam di	sabilit	y (eg.
Visu PMI	ıal impair R)	rment-	· O	pthalmolo	gist,	Loca	omotor	disal	oility.	-Prtho	opaedic	spec	ialist/

Letter of Undertaking for Using Own Scribe

I, am an	applicant with						
(name of the disability) appearing for the							
Services Combined Competitive (Preliminary) Examination, 2022 bea	aring application						
No							
I do hereby state that	_ (name of the						
scribe) will provide the service of scribe for the undersigned for taking	ng the aforesaid						
examination.							
I do hereby undertake that his highest qualification is							
In case, subsequently it is found that his qualification is not as							
undersigned and is beyond my qualification, I shall forfeit my right to the post and							
claims relating thereto.	- -						
a							
(Signature o	of the candidate)						
Application No.							
Place:							
Date:							